



INSTITUTE OF ARCHAEOLOGY, NICH

ATM CAVE TOUR LIABILITY RELEASE FORM

This form must be completed by every visitor upon arrival at the Actun Tunichil Mucnal (ATM) Cave.

All visitors must wear life vest prior to any river crossing. All visitors must wear a helmet and have a light source prior to entering cave.

Please read and be certain you understand the implication of signing this document.

I, _____, hereby affirm and acknowledge that I have been fully informed and thoroughly understand the inherent risks and hazards associated with the recreational activity generally described as the ATM Cave tour including the use of safety equipment associated with the activity I am about to engage in and associated hazards of river crossing to access the cave. I understand that these risks and hazards include, but are not limited to:

- i. Risk of being in the river and/or cave or along the trails.
- ii. Risk of being in the river and/or cave or along the trails during flash flood conditions.
- iii. Risk of drowning during river crossing or while inside the cave.
- iv. Risk of injury from slipping and/or falling on wet surfaces.
- v. Risk of injury from possible equipment failure and/or malfunction of my own or others' equipment.
- vi. This activity takes place outdoors and therefore include risks associated with exposure to the elements, excessive heat, hypothermia, flooding, encounter with insects, reptiles, and/or other animals, other risks associated with objects either natural or man-made causing injury and/or death.
- vii. My own negligence and/or negligence of others, including but not limited to tour operator error and guide decision-making including misjudging terrain, weather, trails or route location.
- viii. Risk of accidents and illness occurring in remote places where there are no available medical facilities.
- ix. Risk of fatigue, chill, and/or dizziness, which may diminish my reaction time and increase risk of accident.

Release of Liability, Waiver of Claims and Indemnify Agreement

In consideration for being permitted to participate in the activity described above and related activities, I hereby agree, acknowledge and appreciate that:

1. I hereby release and hold harmless with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise, the following named persons or entities, herein referred to as RELEASES: INSTITUTE OF ARCHAEOLOGY (IA) and the NATIONAL INSTITUTE OF CULTURE AND HISTORY (NICH)
2. To release the Releases, their directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the Releases harmless and indemnify them in conjunction with any injury, disability, death or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. I am aware that the Releases require strict adherence to its standards of safety and conduct. I agree to fully abide by these standards or to accept dismissal for refusing to agree to them.
4. I hereby grant the Releases to take and use photographs, video, film, and other images of me participating in or observing the activities. I waive my right of privacy, publicity, compensation, copyright or other rights to those images and I consent to the Releases using those images for any purposes.
5. This document shall be binding to the fullest extent permitted by law. If any provision of this document is found to be unenforceable, the remaining terms shall be enforceable.
6. I hereby accept all responsibility for any costs associated with a medical emergency or emergency rescue on my behalf.
7. I further state that I am of lawful age and legally competent to sign this liability release.

By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in visiting the ATM Cave, whether participating in a recreational tour or as part of a training course.



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First Name:	Last Name:	Country of Residence:
Phone Number:	Email:	
Tour Operator:	Tour Guide: (Print)	
Are you currently taking any medication?	☐ YES	☐ NO
If YES above, specify:	 	
Allergies:	Blood Type:	
Signature of Participant listed above:		Date:
FOR ANY PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releases, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these activities and programs for myself, my heirs, assigns, and next of kin. Any minor participating in the ATM Cave Tour must be a minimum of 40 inches in height. All minors must be accompanied by an adult for the ATM Cave Tour.		
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:
First Name:	Last Name:	Age:
Signature of Adult Participant, Parent or Guardian for minor(s) listed above:		
Name of Emergency Contact and Relationship to Participant: (An adult not participating in tour)		Phone number of Emergency Contact:
Tour Guide (Witness):		Date:
Institute of Archaeology (Witness):		Date: